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**Public Health Committee Public Hearing
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**Testimony of Pat Tadel, RN, MSN
National Patient Care Administrator, VITAS Innovative Hospice Care ®**

Good afternoon Senator Harris, Representative Ritter and members of the Public Health Committee, my name is Pat Tadel. I am a National Patient Care Administrator for VITAS Innovative Hospice Care ® ("VITAS"), which operates two Medicare certified hospice programs in the Greater Waterbury, Hartford and Bridgeport areas of Connecticut. I am an advanced practice registered nurse and I have been working in hospice and palliative care for over 16 years. I am a thanatologist and hold a post-doctoral certificate in clinical ethics.

I am here this morning to testify in support of Section 16 of Raised House Bill No. 6678 which aligns home health state licensure inspections with the Medicare survey cycle for home health agencies.

I would like briefly to describe VITAS Innovative Hospice Care, the nation's largest provider of end-of-life care. VITAS has been a pioneer and leader in the hospice movement since 1978. VITAS (pronounced VEE-tahs) operates 46 hospice programs in 15 states (California, Connecticut, Delaware, Florida, Georgia, Illinois, Kansas, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, Texas, Virginia and Wisconsin) and the District of Columbia. VITAS employs 9,000 professionals who care for terminally ill patients daily, primarily in the patients' homes, but also in the company's 24 inpatient hospice units as well as in hospitals, nursing homes and assisted living communities/residential care facilities for the elderly.

Our philosophy and care practices demonstrate to our patients, their families, other health care providers, and the government regulators that hospice is the most comprehensive model for delivering quality end-of-life care.

The legislation before you today is a common sense approach that aligns home health state licensure inspections, which occur every two years, with the Medicare survey cycle for home health agencies, which occur every three years. The current Department of Public Health survey process results in a survey almost every year causing a burden on the Department of Public Health and home health and hospice care administrators and staff. This proposal would require the Department of Public Health to survey home health agencies and hospices every three years for both their Medicare and state licensure inspections.

This proposal makes sense and is cost effective for both the State and home health and hospice agencies. It also preserves quality of care for patients and their families as it does not limit surveys for complaints or quality of care issues. In fact, any complaints or problems will result in more frequent surveys as part of the Medicare survey frequency requirements.

This proposal will not decrease quality oversight, but instead align the survey processes to improve efficiencies for both the Department and provider agencies. This is a way to save money for the State by decreasing redundancy in the survey process, as the survey process is time consuming and expensive for agencies (staff time out of field, coordination of patient visits and manager/office staff time to coordinate survey events and follow up).

We support this proposal as a way to decrease burden on the State and home health and hospice agencies and to avoid duplication of efforts while maintaining appropriate oversight.

Hospice care has grown to the point where it is a significant part of how Americans receive care at the end of life. The growth is laudable and should continue to be encouraged so that all those who can benefit from hospice are able to receive appropriate care. On the state and federal level, VITAS supports regulatory and legislative proposals that maintain the integrity of the Medicare Hospice Benefit and the public's trust in the hospice provider community, leading hospices support several key program enhancements. For example, we support changes that promote measurable quality of care, transparency, and intolerance for fraudulent activities. As a leader in the hospice movement, VITAS embraces the quality elements outlined in the proposed Medicare Conditions of Participation with particular focus on tangible and reportable measures like pain and symptom management and family satisfaction. Additionally, we support the creation of a uniform patient assessment tool to guide hospices especially for the evaluation of non-cancer patients.

Beyond Raised Bill 6678, VITAS is eager to work with the Connecticut Association for Homecare and Hospice, the Department Public Health, the Public Health Committee and other interested parties to explore ways in which we can further enhance the provision of quality home health and hospice care in Connecticut. For example, measures that encourage hospices to report their effectiveness in pain management as well as the satisfaction of the services they provide are laudable. We support these appropriate enhancements to the Medicare regulations and would be pleased to collaborate with you on their adoption.

In conclusion, hospice provides the quality care patients and families deserve and increasingly desire at the end of life. Raised Bill 6678 will allow home health and hospice providers in Connecticut to continue and their important mission while giving consumers appropriate protections to insure these important care providers adhere to regulations governing their operation. I urge your support of Section 16 of Raised Bill 6678 and appreciate your consideration. Thank you for this opportunity to speak to you. I would be pleased to answer any questions you may have for me at this time.